

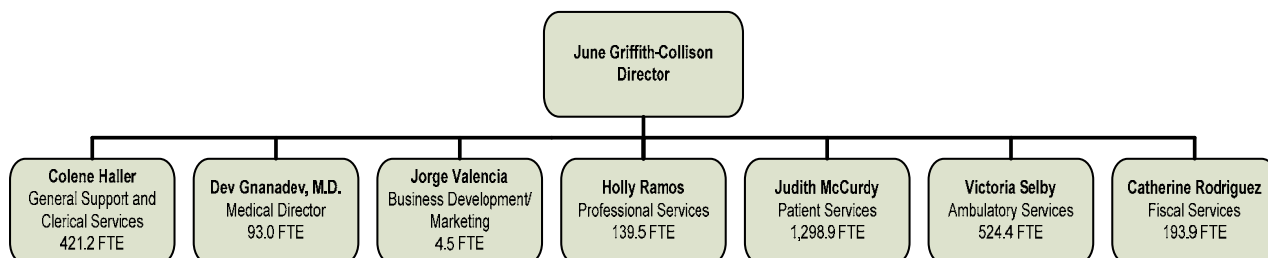
ARROWHEAD REGIONAL MEDICAL CENTER

June Griffith-Collison

I. MISSION STATEMENT

The San Bernardino County "Arrowhead Regional Medical Center" (ARMC) is a safety net hospital with the primary mission of providing quality healthcare, a basic necessity of humankind, to the residents of San Bernardino County. We continuously strive to improve the health of the communities we serve and become the provider of choice for healthcare delivery and education.

II. ORGANIZATIONAL CHART



III. DESCRIPTION OF MAJOR SERVICES

Arrowhead Regional Medical Center (ARMC) is a state of the art, acute care facility embracing advanced technology in all patient and support areas. The Medical Center offers the latest in patient care by providing a full range of inpatient and outpatient services, three off campus community health centers, Department of Behavioral Health's inpatient activities and numerous specialty services. Freeway access, shuttle service and locale as an Omnitrans bus hub makes ARMC convenient to county residents.

The campus houses five buildings which also serve to somewhat outline the definitive services: Behavioral Health, Hospital, Outpatient Care Center, Diagnostic & Treatment and the Central Plant.

The Hospital and Behavioral health facilities are comprised of 373 (90 Behavioral Health and 283 Hospital) inpatient rooms, most of which are private. The Emergency Department is a Level II Trauma Center and consists of 15 observation rooms, 8 treatment rooms, 3 law enforcement holding rooms and 8 trauma rooms. In 2005, an Emergency Department remodel added a 9 bay Rapid Medical Emergent Treatment area to expedite treatment and improve throughput. The helicopter landing area can accommodate both standard medi-vac helicopters and military helicopters. The outpatient care center consists of 109 examination rooms and 8 procedure rooms.

The Medical Center remains one of the most technologically advanced health care institutions in the entire country. It is also seismically sound, capable of withstanding an 8.3 magnitude earthquake and is designed to remain self sufficient and functional for a minimum of 72 hours.

Inpatient Care: Inpatient services provide curative, preventative, restorative and supportive care for general and specialty units within the General Acute Care Hospital, Behavioral Health Hospital and Home Health. Care is coordinated among multiple care providers responsible for patient care twenty-four hours a day. Nursing functions are the primary interface with patients, families and others and are often the interpreter for the hospital experience and treatment plan. Education is a primary focus. ARMC offers numerous Residency Programs for the training of physicians in Family Practice, Emergency Medicine, Surgery, Neurosurgery, Women's Health, and Internal Medicine.

Inpatient Service lines include:

- Inland Counties Regional Burn Center, which provides total burn care to patients of all ages and serves San Bernardino, Riverside, Inyo and Mono Counties.



- Medical Intensive Care (MICU), Surgical Intensive Care (SICU) – providing critical care for medical and surgical patients requiring continuous monitoring, assessment and treatment.
- Neonatal Intensive Care Unit (NICU) providing critical care for newborn premature/fragile infants.
- Maternal Child Services – labor / delivery / maternity and postpartum.
- Newborn Nursery providing full services for newborn infants.
- Operative Services provides surgical, invasive and peri-operative for all surgical procedures excluding cardiac. It is comprised of 15 OR suites, a three room Specialty Procedure Lab, Pre-Op Holding Area, Post Anesthesia Care Unit (PACU), Ambulatory Surgery Care (ASC), Pre-Op Clinic, Pain Clinic and three Obstetrical / Gynecological Operating Rooms.
- Pediatrics – providing assessment, observation and treatment of pediatric patients.
- Medical Surgical Services – Geriatrics, Orthopedics, telemetry patients requiring assessment, observation and treatment.
- Specialty Services – offered to patients who have special needs such as Dialysis, Cancer, Transplant (kidney) and Wound care – Patient evaluation follow-up, diagnostic planning, treatment and case management.
- Behavioral Health – Adult inpatient psychiatric treatment services which include evaluation, assessment and treatment by interdisciplinary teams of psychiatrists, nurses, psychiatric technicians, clinical therapists and occupational therapist. Program offers medication administration, individual and group therapy and family education.

Outpatient Services: Outpatient Care is an integral part of our multifaceted health care delivery system offering a wide range of emergency, primary, preventive, chronic, follow-up and specialty care in an ambulatory care setting. Visits have exceeded 250,000 annually excluding the Emergency Room volume.

Outpatient Service lines include:

- Emergency Medicine – ARMC is a busy Level II Trauma Center offering acute, emergent and urgent treatment of patients. Visits are currently in excess of 90,000 annually.
- Primary care – three outlying family health centers offering comprehensive primary medical care for children and adults. These are community clinics that provide preventive, obstetrical and gynecological care, family planning services, well child visits, immunizations, health education and referral to specialty services – Fontana Family Health Center, McKee Family Health Center and Westside Family Health Center.
- Specialty Clinics (10) including:
 - Infusion Therapy – provide therapeutic and supportive care to adult oncology patients and their families, chemotherapy, blood products, IV hydration and antibiotics.
 - Internal Medicine with subspecialties of cardiology, allergy, nephrology, endocrinology, gastroenterology, hematology, neurology and rheumatology.
 - Surgery clinic with subspecialties of general surgery, wound care, burn care, urology, oral surgery/dental, ENT/audiology, neurosurgery, ophthalmology, pre-operative evaluation and post operative care.
 - Women's Health offering comprehensive pregnancy services from preconception counseling to postpartum care including high risk maternal / child care.
 - Orthopedic clinic providing services for diagnosis and treatment of diseases and abnormalities of the musculoskeletal system with emphasis on upper extremity, joint reconstruction, trauma, and spine.
 - Pediatric clinic – a variety of comprehensive services to children 0 – 18 years of age, well child visits, immunizations, high risk follow-up, sick child walk-in visits as well as pediatric specialty services of cystic fibrosis, neurology, nephrology, endocrinology, asthma, diabetes, genetics, allergy, cardiology and hematology.
 - Family Elder Care serving primarily elderly adults and frail elderly, their support systems/caregivers and families, offers consultative services for seniors, geriatric evaluation and management.
 - Rehabilitation Clinic – conducts evaluations for State Disability, Rehabilitation/Treatment of amputees, spinal cord injuries and strokes. Referrals are to Physical Therapy, Speech, Occupational Therapy and Prosthetics.

Ancillary / Support & Specialized Services Include:

- Medical Imaging Department (Radiology) utilizes a digitized imaging and archiving system which replaces x-ray film. Radiologists can remotely access and read images for expedited diagnostic interpretation. The Medical Imaging Department also performs Bone Densometry, Mammography, CT scanning, MRI, Ultrasound, Nuclear Medicine, and Radiation Oncology.
- Neurodiagnostics offers both inpatient and outpatient diagnostic studies. Tests performed include electroencephalograms (EEG), Continuous EEG, Electromyogram (EMG), Nerve Conduction studies and transcranial dopplers.
- The Clinical Laboratory is responsible for inpatient and outpatient diagnostic services which include chemistry, hematology, coagulation, urinalysis, bacteriology, cytology, virology, mycology, serology, TB, blood transfusions, autopsy and surgical pathology. Approximately 1.4 million tests are performed annually in this 24 hour service.
- Pharmacy provides comprehensive inpatient and outpatient pharmaceutical services. The outpatient Pharmacy operates an automated prescription filling system called Optifill II. The patient submits the prescription and it is entered into the computer and reviewed by a pharmacist. Once accepted, a label is printed; the computer initiates filling the bottle and caps the prescription. Quality assurance is completed prior to presenting to the patient.
- Rehabilitation Services includes Physical Therapy, Occupational Therapy and Speech Therapy. The department evaluates and treats patients with neuromuscular, musculoskeletal, sensorimotor, cardiovascular, and pulmonary disorders, and language dysfunction. The goal is to restore the patient's functional activities of daily living to the highest possible level.
- Respiratory Care offers a thorough practice of routine, prophylactic and intensive respiratory care modalities including gas and aerosol therapy, conventional mechanical ventilation, high frequency oscillatory ventilation, airway management, CPR, blood gas acquisition and analysis, non invasive monitoring and placement of percutaneous tracheotomies.
- Home Health includes rehabilitative care, IV therapy and wound care extended to patient's home to complete the continuum of care.
- Health Information Library offers a catalog of CD ROM, journals and computers with internet access for health care research and up to date information.
- Wound care and hyperbaric medicine is directed specifically toward the healing of chronic wounds. Services include diagnostic testing / sharp debridement, casting and strapping for compression therapy, and patient education. Hyperbaric Oxygen Therapy (HBO) is offered to patients with specific types of difficult to treat wounds that are known to respond to HBO per UHMS guidelines.

IV. 2005-06 ACCOMPLISHMENTS

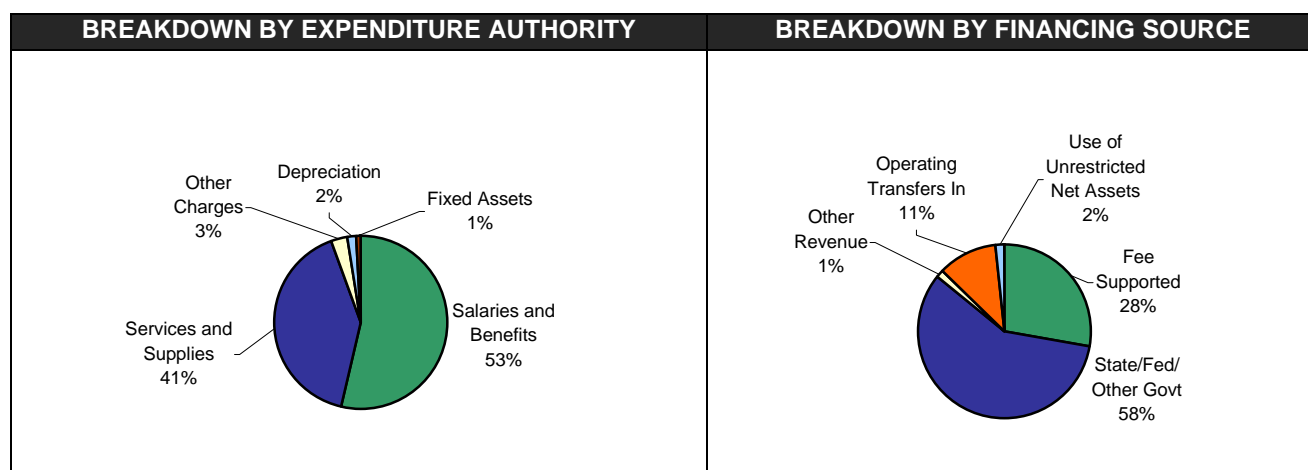
- Patient Visit Redesign was successfully implemented and continues to expand in the outpatient setting, significantly decreasing patient wait times and throughput. Excellence Award received from California Association of Public Hospitals/Safety Net Institution, Fall of 2005.
- Patient flow through the Emergency Department has been streamlined, decreasing both wait times and the number of patients "leaving without being seen" with an increase in overall visits.
- Continue to maintain an upward trend in OB deliveries - 10%.
- Successful participation in Section 1011 of the Medicare Modernization Act – 100% compliance quarter ending December 31, 2005.
- Successfully infusing licensed vocational nurses (LVN's) into the nursing service, facilitating nurse to patient ratios and decreasing registry utilization.
- 30% reduction in work related injuries in high injury Department of Environmental Services.
- Patient satisfaction scores for 4th quarter. 2005-06 was at 83.4%.



V. 2006-07 SUMMARY OF BUDGET UNITS

	2006-07				
	Appropriation	Revenue	Fund Balance	Revenue Over/ (Under) Exp	Staffing
Arrowhead Regional Medical Center	352,563,295	348,897,401		(3,665,894)	2,683.4
Tobacco Tax Funds	3,827,366	2,096,924	1,730,442		
Archstone Foundation Grant	74,411	39,306	35,105		
TOTAL	356,465,072	351,033,631	1,765,547	(3,665,894)	2,683.4

VI. 2006-07 BUDGET



VII. GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE OUTPATIENT AND EMERGENCY ROOM VISITS.

Objective A: Continue implementation of outpatient visit redesign program in primary and specialty clinics.

Objective B: Reinitiate Tattoo Removal clinic.

Objective C: Implement Direct Observation Unit to streamline throughput and decrease ED holds.

Objective D: Enhance primary care physician recruitment / retention via structured marketing and business development plan.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
1A. Percentage increase of outpatient visits (240,056 visits in 2005-06)	N/A	4%	≤1%	4%
1B. Percentage decrease in ER patients leaving without being seen (10,950 patients in 2005-06).	N/A	16%	16%	25%
1B. Reinitiate tattoo removal clinic.	NEW	NEW	250	500
1D. Percentage increase in outpatient surgeries (4,764 surgeries in 2005-06).	N/a	11%	7%	11%
1E. Percentage increase in outpatient rehab volume (18,860 visits in 2005-06).	N/A	NEW	NEW	5%

Status

In 2006-07 implementation of the Patient Visit Redesign Program began in the Family Health Centers (FHC) and Specialty Clinics. Patient Visit Redesign is now complete at McKee FHC and the Women's Health Clinic. McKee patient cycle time has decreased from 86 minutes to 33 minutes and the Women's Health Clinic continues to present unique challenges. A beginning cycle time of 150 minutes has been decreased to 51



minutes. A task force has been put in place to address the operational efficiency. Fontana FHC and the Pediatric Clinic are in the 90-day trial run phase and both areas are performing well. Fontana FHC patient cycle time began at 94 minutes and is now down to 49 minutes. The Pediatric Clinic patient cycle time began at 120 minutes and has been decreased to 51 minutes. Additionally, patient flow through the Emergency Department (ED) has been improved as well with a decrease in average wait time of approximately 20 minutes with a growth in census. Patients who left without being seen in the ED has also decreased from approximately 10.8% to 7.8% even with an overall increase in the number of ED visits.

Another strategy to achieve the goal of increasing outpatient and emergency room visits is to continue to enhance marketing activities for public awareness of services provided such as promotional videos, community health fairs, and collaboration with ARMC's Foundation activities. During the first quarter of 2006-07, the marketing department has participated in or staged 35 events designed to enhance public awareness of ARMC services including the following:

- Annual Community Health and Safety Fair September 23, 2006 – 4,000 attendees.
- Print and Cable TV advertising for Pediatrics, Wound Care and Family Elder Care.
- Inland Counties Burn Center fundraiser in conjunction with Sammy Hagar - \$25,000 raised.
- 19 newspaper articles have appeared in local papers about various ARMC services.

As part of the effort to increase outpatient visits, the hours of service for outpatient surgeries were also expanded in 2006-07. Additionally, unused operating room suites were activated. To date, there has been no appreciable increase in outpatient surgeries demonstrated but an 11% increase is projected for 2007-08.

Another source of outpatient and emergency room visits is the outpatient rehabilitation workers' compensation referral base. In 2006-07 a plan was developed and implemented to capture these patient visits. The goal is to increase volume by 5% (943). As part of the plan, patients are to be registered and processed through the Center for Employee Health & Wellness which is currently based at ARMC and set-up to handle claims for work related injuries. This is a collaborative effort by county Human Resources and ARMC and the compensation structure for their services will be developed including a fee schedule. The future success of this plan will also depend on a targeted marketing campaign. This campaign will include a series of presentations and tours for members of Colton, Fontana, Rialto, and San Bernardino Chambers of Commerce. The first event is scheduled for November 15 involving 100 members of the Colton Chamber of Commerce. Additionally, a brochure and short video are being developed for reference material. Following these presentations, local business insurance carriers (Workers' Compensation) will be contacted in an effort to discuss contracting.

GOAL 2: INCREASE ADMISSIONS IN ACUTE CARE SERVICES.

Objective A: Continue to increase number of deliveries.

Objective B: Increase hospital overall admissions.

Objective C: Grow Transplant Program.

Objective D: Move toward obtaining Level I Trauma designation.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
2A. Percentage increase in the number of deliveries (3780 deliveries in 2005-06).	N/A	≤1%	6%	3%
2B. Percentage increase in ER admissions by efficient patient throughput (20,182 admissions in 2005-06).	N/A	2%	3%	2%
2B. Grow Transplant Program.	NEW	4	12	16

Status

In 2005-06 the number of deliveries at ARMC was 3,780. As part of reaching the goal of increasing admissions in acute care services, ARMC set the goal of increasing the number of deliveries by 6% for 2006-07. To date deliveries continue to show an upward trend and are currently up by 10%, 4% more than expected.

Admissions in acute care services are also impacted by the management of the inpatient care process and reduction of emergency room "hold patients. By improving throughput and decreasing the patients' average length of stay in the emergency room through the implementation of case management rounds, decreasing barriers to patient discharge and improved utilization review management, admissions will also increase. To achieve this, a discharge pilot was implemented to facilitate the discharge planning process in an effort to coordinate all necessary events that need to take place prior to patient discharge. The goal was to identify and prevent unnecessary delays in discharge. January – May 2006, 6 Medical-Surgical units phased into the pilot. At each phase, placement was identified as a major indicator of delay in discharge and lack of results was identified as the primary cause. ARMC is currently working with Purchasing to develop agreements with area skilled nursing facilities, which will give ARMC other placement options for patients. One other component that will contribute to the increase in admissions is the ability to optimize room turnover with Bed Management Software Program. This is still under review for the best possible solution for Bed Management System Program.

It is ARMC's intent to improve its transplant program through advertisement and public education. Brochures are being completed and will be marketed directly to dialysis centers.

ARMC is working to establish a Level 1 Trauma Unit designation. To qualify for Level 1 designation, the hospital must have the capabilities to provide open-heart surgeries. Although ARMC does not currently provide this service, an agreement has been entered into with a cardiac anesthesia group. The next steps will be to purchase the necessary equipment and contract with a cardiac surgery group.

GOAL 3: ENHANCE REIMBURSEMENT AND OTHER REVENUE STREAMS.

Objective A: Continue to improve financial screening and eligibility process for government aids and new programs in the Emergency Department.

Objective B: Initiate point of service collection for Labor & Delivery and Emergency Departments. Target date: July 2007.

Objective C: Separate billing for Direct Observation Unit admits for estimated 1,500 annual admits.

Objective D: Continue to ensure revenue producing departments remain abreast of current reimbursement regulations for proper billing and coding of diagnostic procedures.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
3A. Percentage increase of Medi-Cal Eligibility patients identified from screening in the ER (15,610 in 2005-06).	N/A	10%	15%	5.5%
3B. Reduce the error rate in billing through identification and monitoring stats (error rate was 12% in 2005-06).	N/A	Error rate less than 5%	2%	2%
3C. Separate billing for Direct Observation Unit.	NEW	NEW	728	1,500

Status

In 2006-07 ARMC set out with the overall goal of maximizing its revenue streams through four specific objectives. Through the improvement of the financial screening and eligibility process for government aids and new programs in the Emergency Room, ARMC could realize increased receipts of Medi-Cal reimbursements. All admissions staff have completed the Quarterly Registration Training as of October 13, 2006.

In an effort to enhance reimbursement under the Medicare Modernization Act of 2003, ARMC has set the objective of reducing its billing error rate. Program reimbursement was 100% in compliance in the Audit Result for the Quarter ending December 31, 2005. As a result, reimbursement was maximized and ARMC received \$370,000 in 2005-06 for period covering through September 30, 2005, \$206,000 in September 2006 for the period covering through December 31, 2005, and anticipated receipts of \$382,000 in November 2006 for period covering through March 31, 2006.



Additional funding may also be available under SB 1100, California's Medi-Cal Hospital/Uninsured Care Demonstration Project. The state has budgeted \$126.2 million in 2006-07, new calculations from the California Association of Public Hospitals reflects \$131.8 million, an increase in reimbursement by \$5.6 million in 2006-07 from budget.

Another effort to reach this goal is to restructure the reimbursement staffing to properly analyze and manage cost reporting and accounts receivable. The position is still open for Reimbursement Manager and it is being converted to a contract position with increased compensation to attract qualified candidates. Staff is also being properly trained. The Controller and account staff finished Medicare Cost Reporting training classes as of October 25, 2006 and the Patient Accounting Director is scheduled to attend Medicare Managed Care Contracting training on November 3, 2006.

A key component to enhancing reimbursement and revenue streams is to ensure revenue producing departments are abreast of current reimbursement regulations for proper billing and coding of diagnostic procedures. This will be achieved by monthly monitoring of unbilled accounts due to coding issues and the review of resources for maximum benefit of departmental placement.

Separate billing for the Direct Observation Unit (DOU) will extend the Emergency Room Department (ER) outpatient capacity. DOU patient billing is separate from ER visit billing and is billed in time increments instead of the standard ER per visit charge. The DOU is for patients requiring observation for less than 24 hours.

GOAL 4: EXPLORE ADDITIONAL COST CONTAINMENT OPPORTUNITIES AND STRATEGIES.

- Objective A: Continue implementation of restructured nursing to patient mix ratios by infusing Licensed Vocational Nurses (LVN's) into Medical Surgical areas, Emergency Department, etc.*
- Objective B: Continue to reduce registry usage by aggressive recruitment and marketing of services.*
- Objective C: Continue to hold departmental monthly operating reviews (MOR's) with department managers for fiscal accountability and adherence to budgetary expenditures.*
- Objective D: Assess contract renewals for better contract terms i.e. rate increases, cost reduction opportunities, (global purchase contract for supplies and equipment maintenance).*
- Objective E: Capture MIA eligible, self-pay patients in the ER and convert those eligible to Medi-Cal.*
- Objective F: Continue to decrease the cost of pharmaceutical care.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
4B. Percentage decrease in third party nurse staffing assistance (\$3.4 million spent in 2005-06).	N/A	25%	48%	14%
4C. Reduce the number of employee injuries in the Department of Environmental Health Services.	11/month	9/month	9/month	7/month
4D. Percentage decrease in contract renewals – consolidated equipment maintenance service agreements with USCS Equipment Technology Solutions (\$1.963 million spent in 2005-06).	N/A	35%	17%	13%
4E. Percentage decrease in costs as a result of combining lab operations with Public Health.	N/A	NEW	Approx. 5% savings	Approx. 5% savings
4F. Percentage change in pharmaceutical costs (\$1.477 million in costs for 2005-06).	N/A	(40%)	(40%)	3%
4G. Decrease in the utilization of sitters/number of assaults.	No decrease in sitters. 6 reportable incidents to DHS	6 reportable	6 reportable	4 reportable

Status:

As part of an on-going effort to contain costs where possible, during the current nursing shortage, ARMC explored the possibility of utilizing Licensed Vocational Nurses (LVN) where permitted. As part of this process, the nurse to patient skill mix ratio was restructured. As a result of the restructuring, LVN's were



incorporated into the nurse to patient skill mix ratio for the non specialty medical/surgical areas and the registered nurses (RN's) were cross trained for the specialty areas such as Neonatal Intensive Care Unit (NICU) and Labor and Delivery. This new structure called for 72 LVN positions, of which 37 were hired immediately. To date, a total of 12 RN's have been successfully cross trained, 5 in the NICU and 7 in Labor and Delivery.

Another opportunity for cost containment is the reduction in the usage of third party nurse staffing assistance or the Nurse Registry. This effort has been successful to date and was accomplished by enhanced nursing recruitment strategies and better control of unscheduled absences which negatively affected the nursing staff. During 2006-07, \$500,000 was spent on the Registry through October 25, 2006, and it is projected that a total amount of \$1.75 million will be spent. During 2005-06, \$3.4 million was spent on the Registry, equally a reduction of 48.5% in costs. Utilization of the Registry continues to decline. In March 2006, the Registry was used for a total of 3,702 hours or 21.3 full-time equivalent employees (FTE), 2,094 hours or 12 FTE's in June and 1085 hours or 6.2 FTE's projected for October. Due to the recruitment strategies implemented, 20 RN vacancies were filled in NICU and Labor and Delivery between January and September 2006. Additionally, between the months of July and September 2006, the vacancy rate decreased by 4.3% for RN II's and 17.7% for Licensed Vocational Nurse II's, there was no change for the Clinic RN II's, and an increase of 4% for the Per Diem RN II's and 3.9% for the Mental Health Nurse II's.

Associated staffing costs present an opportunity for cost control and one area that needed to be closely looked at was ARMC's Environmental Services or janitorial services. This department had the highest incidents of work related injuries and ARMC implemented equipment and procedural safe practices through retraining and reinforcement of established procedures which led to a 30% reduction in work related injuries to date and a resulting decrease in costs due to time off, overtime, temporary help and workers' compensation expenses.

Cost containment is also controlled by the monthly departmental operating reviews conducted with department managers. Through these on-going reviews, actual expenditures are kept inline with budgeted expenditures. By timely fiscal reporting to administration, costs can be best controlled and monthly figures are due to the administrator by 20th day of the following month.

A collaborative effort between ARMC and the Department of Public Health (DPH) is the consolidation of Laboratory Services, where appropriate. Beginning November 1, 2006, ARMC will send Fluorescent Treponemal Antibody (FTA), a syphilis confirmation test, and tuberculosis sensitivities (approximately 200 tests) to DPH. Alternately, DPH will send Gonorrhea Culture and other bacterial cultures (approximately 387 tests) to ARMC. Additional savings are being assessed through the consolidation of supply ordering and the DPH Manager and ARMC Material Manager are exploring their possible options.

ARMC has implemented various measures to decrease the cost of pharmaceuticals. These measures include negotiations with manufacturers, maximizing the use of federal 340B drug purchasing program, enhancing reimbursement through the use of generic medications, and strict control of formulary drugs. Pharmacy cost savings for the first quarter were \$254,854 and these savings are expected to continue to a 40% cost savings which will then be maintained.

The development of specialty inpatient care units in Behavioral Health (DBH) called the Crisis Stabilization Unit (CSU) is utilized to stabilize patients and divert them from admission, thereby allowing patients to return to outpatient community. A Memorandum of Understanding (MOU) between ARMC and DBH has been executed and funding is now available.

GOAL 5: CONTINUE MAINTAINING AND IMPROVING THE INFORMATION TECHNOLOGY INFRASTRUCTURE AND PROCEED WITH INSTALLATION AND IMPLEMENTATION OF ADDITIONAL MEDITECH SYSTEM MODULES.

Objective A: Meditech Upgrade from 5.5 to 5.6

Objective B: Build, install and implement the following modules:

- a. Authorization Referral Module (ARM).*
- b. Medical Practice Management (MPM/LSS) part 1 – administrative.*
- c. Medical Practice Management (MPM/LSS) part 2 – clinical.*

Objective C: Install and implement the Home Health Billing Software.



Status

Technology is a vital component to every aspect of ARMC operations. Because of this, the maintenance and continual improvement of the information technology infrastructure is important. To achieve this goal, it is necessary to evaluate necessary information technology equipment and software required for the following:

- a. Data Repository – a module used to increase the speed and utilization of Meditech data. This is currently in progress and awaiting fixes from Meditech. Implementation of this module has been added as additional duties to existing employees who are scheduled to attend training in December 2006. Hospital-wide training will begin in June 2007.
- b. Data Center Computer Servers replacement due to aging of servers – Meditech servers completed November 06. All other servers scheduled for March 2007.
- c. Picture Archiving Communication System (Medical Imaging System) – Previous PACS system was converted to McKesson PACS and went live August 2006. McKesson Cardiology PACS to begin full implementation, February 2007.
- d. Home Health Billing Software – This project is in progress and a prospective vendor has been selected. Contract and board item in process.

Meditech upgrade from 5.3 to 5.5 (Completed March 2006) and interfaces such as:

- a. Inland Empire Health Plan (IEHP) Interface will provide IEHP patient's encounter data in a standard health care claim format (837). This project is on hold due to IEHP being unable to handle format at this time.
- b. CBORD Nutrition Services interface provides dietary orders from Meditech to Nutrition Services. Project is In process and awaiting contractor (CBORD) actions to go live.
- c. Medical Imaging System (PACS) interface – sends radiology orders and transcribed radiology reports from Meditech to McKesson PACS. This was completed July 2006.
- d. MUSE Respiratory project is intended to send patient registration data and orders to the MUSE cardiac care system. This project is on hold awaiting MUSE database modification.
- e. MD Staff System interface to Operating Room Scheduling module - This module will transmit MD operating room privilege status updates to Meditech. It is in process and ARMC is working with the vendor to finalize interface specifications.
- f. Imaging project for Personnel System was completed September 2006.
- g. Accucheck interface with Meditech will send blood glucose test results to the Meditech System. This project is process. ARMC is working with vendor to finalize interface specifications.
- h. Collection interface allows County Collections Department to have access to Meditech Patient Accounting to post payments and adjustments – This project is on hold awaiting final balancing of accounts receivable numbers between departments.

ARMC continues to assist Public Health Department and Department of Behavioral Health with Meditech implementation. ARMC is working with Public Health daily and to date, Behavioral Health has decided not to use Meditech.

ARMC is implementing Computerized Physicians Order Entry (CPOE) throughout the Medical Center and Family Health Centers. Work for the Medical Center in process and the live date is unknown. Family Health Centers have started training on new MPM module. Tentative live set for November 2007.

Build, install and implement the following Meditech modules:

- a. Quality Management / Risk Management Module: Completed July 2006.
- b. Emergency Department Module: In process, unknown live date.
- c. Community Wide Scheduling: To be addressed with MPM install and being changed as needed.

GOAL 6: CONTINUE IMPROVING PATIENT QUALITY AND CUSTOMER SATISFACTION.
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Objective A: Initiate evidence based practice – Target date: January 2008.

Objective B: Redesign clinical employee evaluation process through performance based profiles – Target date: January 2008.



Objective C: Continue to maintain high visibility among staff and visitors by Associate Administrators in all hospital units.

Objective D: Continue direct communications with employees such as employee forums, recognition awards.

Objective E: Improve patient satisfaction scores in "Overall likelihood of recommending" by 5%.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
6A&B. Improvement in Patient Satisfaction scores from patient questionnaires.	Inpatient 81.61% in "likelihood of recommending"	83%	80%	83%

Status

Continue to provide a high level of patient care based on customer service standards established through ARMC's Gold Coin program and the county-wide ServiceFIRST program. Implement corrective actions when necessary through direct access to Patient Advocate, management, and administrators. Patient satisfaction scores for 4th quarter 2005-06 were 83.4%. For 1st quarter 2006-07 the task of mailing surveys to patients, which was formerly completed by ARMC, was assumed by Press-Ganey Associates, Inc., a vendor that tabulates patient satisfaction scores through the direct survey of patients. A significantly lower response rate impacted the reliability of results due to the small sampling of surveys for tabulation, which resulted in a slight decrease of ARMC's patient satisfaction scores. Press-Ganey and ARMC are working to increase response rate, before scores are tabulated for the 2nd quarter, 2006-07.

Continue direct communications with Medical Center staff and physicians through new employee orientation, employee forums, and recognition awards:

- Ongoing Administrative rounds by Administrators in all areas of the hospital.
- Employee Forums held 2 - 3 times annually.
- All Administrators attend New Employee Orientation for introduction to new staff. These are held on a bi-weekly basis.
- Recruitment & Retention Committee remains active.
- Employee Activities Committee remains active.

ARMC's 2007-08 goals were selected to coincide with the primary mission of the Medical Center and strategic plan for meeting current service demands and future service requirements in a dynamic healthcare environment of changing reimbursement structures and diminishing resources. Having been at capacity shortly after opening its doors, the Medical Center's most pressing issue remains lack of inpatient beds. With due consideration to the significant impact on expansion and progression of the healthcare delivery system and ARMC's ability to adequately serve an area of growth and development, the Board of Supervisors approved an 84 bed expansion of ARMC's inpatient capacity. ARMC continues to develop a high performance workforce in a climate of national shortage of registered nurses, clinical laboratory scientists, radiologic technologists, respiratory care practitioners and physical, occupational and speech therapists. Efforts continue to be directed toward immediate, intermediate and long term remedies. The Medical Center's long-term (2 – 5 years) strategic plan encompasses the following:

1. Increase Bed Capacity – Expansion of 84 beds on sixth floor of ARMC's patient tower. This plan includes constructing an on campus building to accommodate displaced sixth floor employees and selected services / departments not requiring acute care space. Other services not dependent on hospital access to function may be located off-site. Proposed completion date is estimated to be mid 2009.
2. Parking has found temporary relief in the recent addition of approximately 138 parking spaces. However, with the 84 bed planned expansion, parking access and availability will require further consideration. Though employees assigned off-site will free up approximately 90 parking spaces, it will likely not be sufficient to prevent parking congestion.
3. Development of Heart Program – ARMC's plan to move toward Level I Trauma designation is in preparation for the development of a full scope Heart Program. The Cardiac surgery business is currently

transferred out to other healthcare facilities, but would be better served being maintained within the County Hospital. The expansion of the sixth floor will also facilitate the success of this Program.

4. Continue efforts toward achieving an Electronic Health Record (EHR).
5. Continue in the direction of a "Health Care Agency" concept of operations for San Bernardino County; integrating services where appropriate and co-locating, where feasible, the administrative functions of Public, Behavioral Health and the Medical Center.

VIII. 2006-07 APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

The department did not have any approved policy items for 2006-07.

IX. 2007-08 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

2007-08 OBJECTIVES FOR POLICY ITEMS	2007-08 POLICY ITEMS
1. The Westside Clinic's current facility is 5,000 square feet and an additional 2,500 square feet will allow for increased patient volume and the addition of new patient services.	<p>A. Increase and expand the level of safety and patient services available at the Westside clinic by increasing the clinic space by 2,500 square feet with improvements.</p> <p>Additional Funding Requested: \$2,500,000 one-time funding.</p>

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
P1. Planning in preparation of construction.	NEW	NEW	15%	100%

Status

For 2007-08, the department chose the objective of increasing patient volume, safety and adding new patient services at the Westside Clinic. The current clinic is 5,000 square feet and the addition of 2,500 square feet will allow for an increase in patient volume and new patient services. Additionally, the improvements to the existing structure and grounds will increase the level of safety and patient throughput. The measurement for 2006-07 and 2007-08 is planning in preparation for construction. Once the project is complete, the measurement will then be services and patient volume.

X. 2007-08 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2007-08.

If there are questions about this business plan, please contact Colene Haller, Chief Operating Officer, (909) 580-6180.



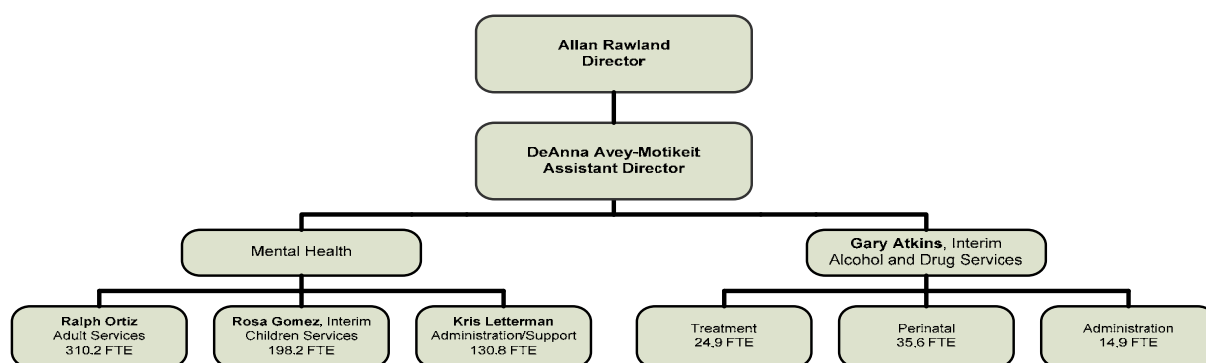
BEHAVIORAL HEALTH

Allan Rawland

I. MISSION STATEMENT

The Department of Behavioral Health (DBH) will help individuals living with the problems of mental illness and substance abuse to find solutions to challenges they face so that they may function well within their families and the community. The DBH staff will be sensitive to and respectful of all clients, their families, culture and languages. The DBH will use the taxpayers' money wisely to meet its goals while following all governmental guidelines and requirements. The DBH will provide a pleasant workplace for its staff members so that they may be creative and effective in their jobs. The DBH will provide a pleasant environment for clients in which to receive services.

II. ORGANIZATIONAL CHART



III. DESCRIPTION OF MAJOR SERVICES

Mental Health

The DBH is responsible for providing mental health services to county residents who are either unable to afford treatment or do not live in proximity to private services. Treatment is provided to all age groups, with primary emphasis placed on treating children, families and chronically mentally ill adults (in that priority). Services are delivered throughout the county via a network of department-operated clinics, community based contract providers (residential and psychiatric skilled nursing facilities and acute hospitals), public schools, and other community-based settings. Services include: information and referrals, community outreach, client self-help and support groups, a variety of children's programs, mentally ill homeless program, employment services, case management, crisis and transitional residential assistance, augmented board and care placements, conservatorship services, supportive housing services and client transportation assistance. The department also operates as a training setting by administering various internship programs and offering continuing education for licensed department and contractor staff.

Mental health services are principally funded by realignment funds generated from state sales tax and vehicle license fees (approximately 48%) and state & federal revenues (46%). The remaining 6 percent of revenue sources are insurance/patient fees, reimbursements, other miscellaneous revenue, and local cost. The local cost of \$1,842,753 represents the required realignment revenue maintenance of effort (MOE).

Alcohol and Drug Services

The DBH Alcohol and Drug Services program consists of comprehensive substance abuse prevention and treatment programs to county residents. Services are provided by 6 county operated clinics and approximately 30 contractors. The major components include outpatient, residential, prevention, methadone, and case management services. Annually, approximately 12,500 clients are served and over 80,000 hours of prevention services are performed.

Alcohol and Drug services are primarily funded by federal block grant and state revenues (62%). The remaining sources of revenue are court fines for Driving Under the Influence (DUI) offenses, fees for services,



and reimbursements provided by Human Services System (HSS) CalWORKs program and the Proposition 36 (Prop. 36) – Substance Abuse and Crime Prevention Act program. In addition, the county must fund the required maintenance of effort (MOE) for the block grant and state funds. The department's local cost of \$149,458 finances the required MOE.

IV. 2005-06 ACCOMPLISHMENTS

Fiscal

- Developed better county budget process (team approach, better projection methodology, improved documentation).
- Developed better revenue tracking and projections.
- Created monthly budget-to-actual monitoring, staffing, and contract payment reports.
- Eliminated redundant data entry into separate database for financial transactions.
- Added staff to cross-train on critical functions (cost reports, MediCal revenue).
- Added supervision to Fiscal unit to streamline A/P function and cross-train.
- Dedicated staff time to reviewing and evaluating ADS fiscal functions for possible automation or streamlining.

Contracts/Property Management/Business Office

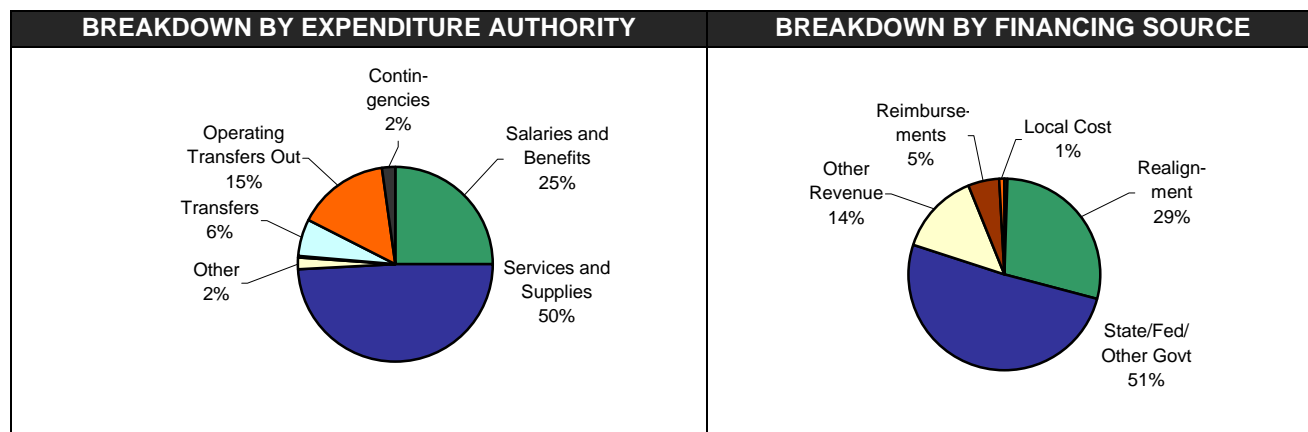
- Improved RFP evaluation process.
- Implemented bi-weekly meetings to review & improve contract language.
- Streamlined some processes in Business Office.
- Implemented regular meetings between Business Office and clinic clerical staff to improve communication and processes.
- Added staff and cross-trained in contracts unit to improve turnaround time.
- Streamlined & improved purchasing process.
- Improved administration procedures of copiers/fax machines to allow more effective inventory and cost control of the equipment being issued to various units/clinics.
- Initiated move of staff out of Gilbert St. complex to decent housing.
- Expanded Property Unit scope of work and redefined responsibilities of the staff to include more appropriate job duties.
- Established a long-range contracts processing schedule.
- Implemented one-year contracts instead of three years.
- Implemented an electronic RFA procedure to accelerate the processing of contracts and BOS related documents.

V. 2006-07 SUMMARY OF BUDGET UNITS

	2006-07				
	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
Behavioral Health	164,822,242	162,979,489	1,842,753		644.2
Alcohol and Drug Services	19,782,871	19,633,413	149,458		76.4
Mental Health Services Act	28,786,612	27,900,880		885,732	-
Driving Under the Influence Programs	312,689	90,000		222,689	-
State Block Grant Carryover Program	5,268,065	1,895,401		3,372,664	-
Court Alcohol and Drug Program	1,127,538	415,000		712,538	-
Proposition 36	6,202,680	6,099,773		102,907	-
TOTAL	226,302,697	219,013,956	1,992,211	5,296,530	720.6



VI. 2006-07 BUDGET



VII. GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES FOR INDIVIDUALS THAT ARE UNSERVED OR WHO ARE RECEIVING A LIMITED LEVEL OF SERVICES.

Objective A: Continue to increase the development of community based behavioral health care and treatment programs that serve as options to institutionalization or hospitalization, such as emergency shelter care beds, crisis stabilization and urgent care programs, dedicated assertive case management teams for high user clients, residential and housing options, transitional and after-care support services, children's and adolescent crisis response services, and wraparound services for youth and their families.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
1A. Percentage decrease of admissions and bed days used in an institutional setting (7,517 admissions and 68,128 bed days in 2005-06).	N/A	10% decrease	6,636 admissions (11.7% decrease) 63,596 bed days (6.7% decrease)	10 % decrease

Status

Received State approval for MHSA funding and Community Services & Supports 3-year plan. Currently developing requests for proposals (RFPs) for wraparound expansion, transitional-age youth one-stop centers, forensic assertive community treatment, & crisis walk-in centers Implemented Triage Diversion team at ARMC, thereby reducing hospitalizations. Recruiting and hiring to staff new MHSA-funded programs. Completed facility needs assessment and in process of implementing staff moves and developing Capital Improvement Project (CIPs) requests for additional space. Developing crisis residential housing to further provide for alternatives to hospitalizations. Expanding children's crisis response team countywide to provide crisis response 24/7.

GOAL 2: INCREASE CUSTOMER SERVICE EDUCATION FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT.

Objective A: Continue to implement ongoing customer service education.



MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
2A. Percentage of employees whom successfully complete the training (customer service) program.	N/A	25% of the county and contract staff	100% of county staff 25% of contractors	100% of contractors

Status

Department employees are attending county customer service training throughout 2006-07. Customer service emphasized on employee evaluations. Developing curriculum for customer service training for contractors. Provided 12 cultural competence-training courses attended by 450 DBH and contract staff.

GOAL 3: INCREASE ACCESS TO COMMUNITY BEHAVIORAL HEALTH SERVICES FOR ADOLESCENTS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUVENILE JUSTICE SYSTEM.

Objective A: Continue to implement programs and services funded by the Mental Health Services Act, and continue to develop mental health services to the juvenile hall population mandated by the John Doe lawsuit.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
3A. Percentage of adolescents with mental illness transitioning from Juvenile Hall receiving "wraparound" behavioral health services and supports in the community (600 eligible juveniles and their families).	N/A	25%	12%	20%

Status

- In process of implementing Juvenile Reintegration plan for each minor released from Juvenile Hall.
- Creating and implementing a needs assessment to identify the "Referral Needs" of the minor.
- Providing referrals and assisting minors transitioning to the community which includes connection to community mental health clinic or One Stop Transitional Age Youth (TAY) Center.
- Collaborated with Probation Department to prepare proposal for Mentally Ill Offender Crime Reduction (MIOCR) grant to expand services through juvenile mental health court.

GOAL 4: INCREASE CULTURAL COMPETENCY TRAINING FOR ALL COUNTY AND CONTRACT STAFF THAT PROMOTES THE MISSION OF THE COUNTY AND THE DEPARTMENT.

Objective A: Continue to implement an educational curriculum that embeds the required competencies to provide effective "customer focused services" to diverse populations.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
4A. Number of departmental employees certified to train department employees and contract providers in the California Brief Multi-Cultural Competency training.	NEW	NEW	NEW	10 employees
4A. Percentage of clinic employees and contract providers who successfully complete the California Brief Multi-Cultural Competency training.	NEW	NEW	NEW	20%
4A. Percentage increase in the penetration rate of ethnic and linguistic-specific groups.	NEW	NEW	Black/AA 9.5% Asian 8.4% Hispanic 4.2% American Indian 21.3%	Black/AA 10.5% Asian 9.2% Hispanic 4.6% American Indian 23.4%



GOAL 5: INTEGRATE MENTAL HEALTH AND ALCOHOL & DRUG SERVICES INTO CO-LOCATED CLINICS IN ORDER TO INCREASE CLIENT ACCESS TO SERVICES AND PROVIDE BETTER CARE.

Objective A: Pilot the integrated services at one selected clinic in the department.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
5A1. Obtain required State Department of Alcohol & Drug and Medi-Cal certifications for the selected pilot clinic.	N/A	NEW	NEW	By December 2007
5A2. Provide two in-depth intensive training sessions on evidence-based practices for treating co-occurring disorders.	N/A	NEW	NEW	75% of clinic staff at integrated clinic

The department selected its first and fourth goals due to the increasing number of children, youth, and adults who are being placed in high-cost institutions or hospitals. A review of the highest-cost levels of care and their efficacy show that consumers suffering from persistent mental illness need more crisis and social support services in the community.

The increasing numbers of consumers in institutions reflect failures in a system of care that should support consumers in the community with services that are evidence-based. Approximately 20% of the department's budget is spent on inpatient care. Additionally, many consumers are sent out of county because there are not enough beds in the county to meet the demand. By providing more shelter beds, crisis response in the community, dedicated case management to high user clients, and children's crisis services, the department will build a system of care that will enable the department to provide lower-cost alternatives to hospitalization, reduce unnecessary hospital visits, and provide better services to the community.

Proposition 63, Mental Health Services Act of 2005 (MHSA), passed by the California voters in November 2004, has given San Bernardino County and the Department of Behavioral Health the opportunity to build a "system of care and treatment" that will efficiently and effectively serve all clients, especially to ensure access to behavioral health services for populations and individuals that are unserved or who are receiving a limited level of services from the present programs due to the lack of adequate funding and/or the various restrictions on the use of those funds. The particular populations who are experiencing serious mental illness and emotional disorders include adults, children, transitional-age youth, elders, and families in the community who are homeless and/or incarcerated in jails or juvenile halls, who are in out-of-home and out-of-county placements, are isolated in their homes, failing in school, or are in other institutional care facilities. These populations also include individuals and families who are from racial and ethnic communities who are not adequately served by the behavioral health system.

The second and third goals were selected because a customer-oriented, well-trained staff is fundamental to providing a system of care that is of maximum benefit to consumers. A culturally competent work force that is focused on providing excellent customer service will support the efforts of the department to support consumers in the community rather than in institutions. It is the department's view that every employee has a contribution to make and can make an impact on consumers. Staff trained in the areas of crisis management, community resources, emergency management, recovery, and resilience, and diagnostic skills, will enable the department to divert consumers from institutional care to community resources.

The fifth goal is new for 2007-08 and was selected because integration of alcohol and drug services with mental health services will provide consumers with a broad array of services in the recovery process. Co-locating services for clients with co-occurring disorders is the best practice for this challenging group of consumers. The intent of this goal is to reduce the negative impact of the co-occurring disorder on the consumer and the service system.



VIII. 2006-07 APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

The department did not have any approved policy items for 2006-07.

IX. 2007-08 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

The department is not requesting any additional general fund financing for 2007-08.

X. 2007-08 PROPOSED FEE ADJUSTMENTS

The department is not requesting any proposed fee adjustments for 2007-08.

If there are questions about this business plan, please contact Allan Rawland, Director, at (909) 421-9340.



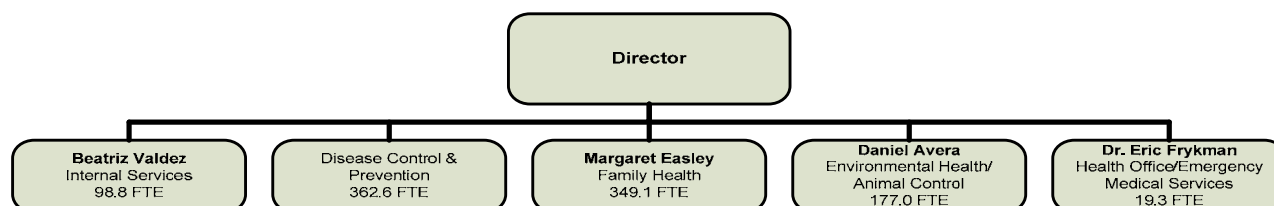
PUBLIC HEALTH

Eric K. Frykman

I. MISSION STATEMENT

To satisfy our customers by providing community and preventive health services that promote and improve the health, safety, well being, and quality of life of San Bernardino County residents and visitors.

II. ORGANIZATIONAL CHART



III. DESCRIPTION OF MAJOR SERVICES

The Department of Public Health provides a wide range of services to prevent diseases and improve the health, safety, and quality of life for residents and visitors of San Bernardino County. The department operates over thirty different programs, many of which are mandated by the State Health and Safety Code. Funding comes from state and federal grants, local fees, charges for services, tax revenue, and a small amount of county general fund for Animal Care and Control related expenses and to provide infrastructure for the promotion of Healthy Communities. Several of our ongoing key service delivery functions are described below.

Communicable Disease Control and Prevention

Disease control services relate to the surveillance and prevention of illness and disease. Enforcement of laws to protect the public from tuberculosis and other infectious diseases is an important function of these programs. Clinical programs providing prevention, education, diagnosis, and treatment of health issues of particular public importance include infectious disease programs, such as tuberculosis control and HIV/AIDS, and a comprehensive reproductive health program. Other disease control functions include management of the bi-county immunization tracking system, provision of vital public health immunizations, and monitoring of disease patterns and occurrence.

Several programs aim to prevent or reduce the significant burden that chronic disease and cancer have on the county. Tobacco use prevention and education is an important piece of this effort, as is a nutrition effort to promote healthy lifestyles through exercise and healthy eating. Traditional screening for selected gender-specific cancers is also provided through collaborative efforts with community and health care partners. The department has optimized such activities by joining other members of the Community Health Coalition to develop strategies for combating the serious impact of coronary heart disease, the leading cause of death in San Bernardino County. The county has the highest age-adjusted death rate due to coronary heart disease of all counties in California.

Bio-Terrorism Response and Emergency Medical Services

As a result of a federal initiative, the department has developed a Comprehensive Public Health Preparedness and Response (Bioterrorism) plan. It details strategies for working with multiple partners to improve response capabilities in the event of a bioterrorism incident or other public health emergency. One vital program that enhances the county's capacity to respond quickly to emergencies is the public health laboratory. Its Level B designation enables rapid, sophisticated testing to investigate possible terror-related causes of illness. That responsibility covers not only San Bernardino, but two neighboring counties as well.

Through a contractor, the department has conducted multiple exercises to improve the response capacities. Included is staff training on how to implement the response plan and how emergency operations structure works. Exercises and training are expected to continue to further improve these abilities.



Maternal and Child Health

Services focus on the prevention of disease or disability to maximize the potential of an individual or family unit and promote healthy outcomes in high-risk populations. Staff is dedicated to a philosophy of excellence in providing comprehensive client-centered services that are culturally sensitive and improve the health and well-being of children, adolescents, and families in our communities. There is also a commitment to establishing and maintaining collaborative working partnerships with our communities that respect both clients and employees.

Clinical programs providing diagnosis, treatment, and education focus on prenatal care and child health. The Child Health Gateway program helps assure uninsured children, less than 19 years of age, acquire a medical home for preventive and curative health services. In addition, several programs provide both home and community based services. These programs target families and youth at risk for child abuse, family violence, teen pregnancy, truancy, juvenile probation, and medical neglect.

Healthy Communities

Because San Bernardino County suffers from the growing epidemic of obesity, Healthy Communities is an innovative countywide strategic effort that provides the infrastructure to support collaborative efforts that create healthier environments for county residents. The long-term objective is improved health and well-being of all residents as diverse partners design communities for optimal health and through the promotion of healthful lifestyle choices.

California Children Services

State mandated program that provides case management, diagnosis, and treatment services to individuals up to 21 years of age with severe qualifying medical conditions.

Environmental Health Services

The purpose of environmental health services is to prevent, eliminate, or reduce hazards that could adversely affect health, safety, and quality of life through an integrated and comprehensive array of programs such as Food Protection, Recreational Health, Housing program, Water Protection, Hazardous Waste Management, Vector Control, and Animal Care and Control. These programs focus directly on the prevention of threats to health in the physical environment through monitoring and inspection, licensing, and statutory regulation.

The Food Protection program assures food provided for human consumption is of good quality, safe, free of adulteration, and properly labeled and advertised. Facility plans are reviewed to verify they are constructed according to code and food is stored, prepared, and served under clean, safe, and sanitary conditions.

The Recreational Health program ensures all public recreational waters and public swimming pools and spas are free of safety hazards, disease and life-threatening exposures.

The Housing Program also provides safety by inspecting for code compliance in dwellings such as multi-family units, motels/hotels, and bed and breakfasts to promote housing free of environmental health hazards.

The regulatory activities of the Water program protect the safety of the county's drinking water. The Waste program has a similar authority in regulating the proper storage, disposal, and transportation of solid waste.

To prevent the spread of disease by carriers like mosquitoes, flies, and rodents, the Vector Control program conducts constant monitoring, surveillance, and control activities. West Nile Virus has spread throughout much of the United States, including San Bernardino County. The Vector Control staff works closely with the Epidemiology staff to investigate West Nile Virus cases to prevent further disease.

The Animal Care and Control program protects the public from rabies through mass vaccination of the county's pet dog population, stray animal abatement (through enforcement of the leash law), wild life rabies surveillance, quarantine of biting animals, laboratory examination of animals for rabies, and public education. In addition, the program investigates animal complaints and provides safe sheltering care, return, adoption, or as a last resort, the humane euthanasia of unwanted animals.

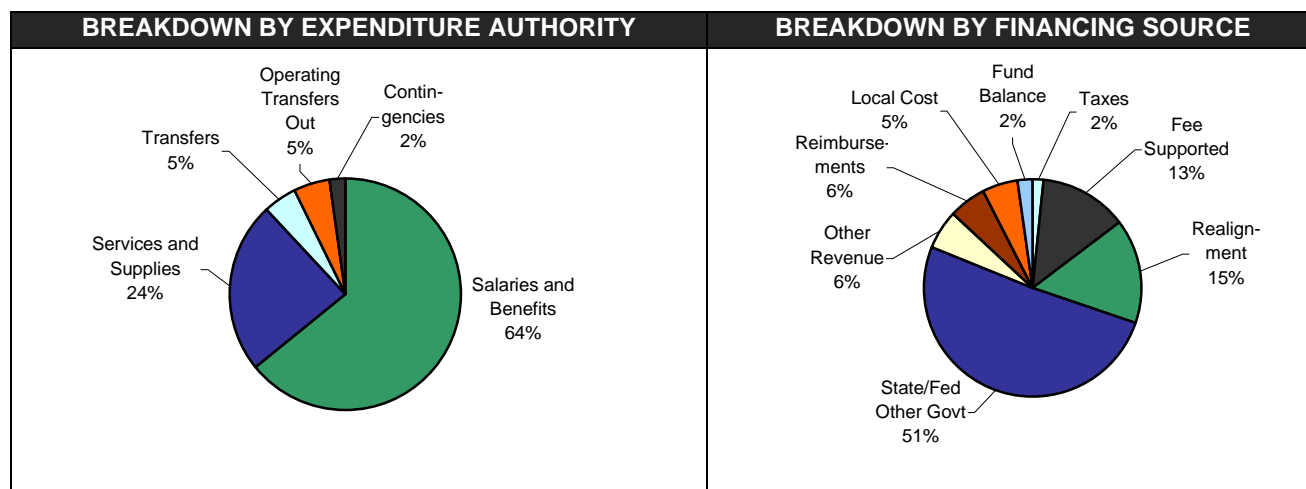
IV. 2005-06 ACCOMPLISHMENTS

- Creation and implementation of the Healthy Communities initiative.
- Furthered suppression of West Nile Virus through aggressive vector control efforts.
- Began a series of exercises to test and improve the Department's and other agencies' capabilities of responding rapidly to public health threats.
- Implemented restaurant Letter Grading system throughout 19 cities in the county.
- Provided assistance to 273,406 individuals who called about protection from dangerous and nuisance animals or animal licensing.
- Establishment of PANDA Program which provides public health nursing home visiting services that provide developmental screening and other outreach services to families with infants.
- Establishment of Field Nursing Services/Case Management for Homeless Children.
- Perinatal SART screened 8,571 women for tobacco, drug and alcohol use. Additionally they provided education to multiple provider offices and clients to improve birth outcomes in San Bernardino County.

V. 2006-07 SUMMARY OF BUDGET UNITS

	2006-07				
	Appropriation	Revenue	Local Cost	Fund Balance	Staffing
Public Health	81,277,158	78,976,899	2,300,259		840.4
California Children's Services	17,604,866	14,251,621	3,353,245		171.4
Indigent Ambulance	472,501		472,501		
Bio-Terrorism Preparedness	3,417,809	2,807,953		609,856	
Vital Statistics State Fees	518,586	153,000		365,586	
Ambulance Performance Based Fines	533,911	302,500		231,411	
Vector Control Assessments	3,599,897	1,758,000		1,841,897	
TOTAL	107,424,728	98,249,973	6,126,005	3,048,750	1,011.8

VI. 2006-07 BUDGET



VII. GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

GOAL 1: PREVENT DISEASE AND DISABILITY, AND PROMOTE HEALTHY LIFESTYLES

- Objective A: Decrease the number of babies born with exposure to drugs and/or alcohol due to their mother's substance abuse during pregnancy.*
- Objective B: Improve the health of children by increasing the percentage of children who are up-to-date on required-childhood vaccinations.*
- Objective C: Sustain partnerships with the cities of Chino, Ontario, and Fontana, and increase the number of cities with whom Healthy Communities is actively engaged.*
- Objective D: Increase Healthy Communities' external funding from grant awards.*
- Objective E: Improve the Emergency Medical Services (EMS) program through the implementation of a real-time EMS electronic patient record system.*

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
1A. Percentage increase of pregnant women screened for drug use (8,000 women in 2005-06).	N/A	25%	30%	10%
1B. Percentage of children immunized by 24 months of age.	79.5%	83.8%	83.4%	85%
1C. Double the number of partnerships with cities with whom Healthy Communities is actively engaged.	NEW	NEW	4	8
1D. Maintain number of grants received to support the Healthy Communities activities (\$503,218).	NEW	NEW	2	2
1E. Implement EMS electronic patient record system countywide.	NEW	NEW	30%	80%

Status

1A: The Perinatal SART Program (a collaborative including the department) has increased by 25% the number of women screened for tobacco, drug and alcohol use in the month prior to and including pregnancy. There will be an estimated total of 10,400 women screened in 2006-07. Of these screens, there are 30% positive for one or more substance (i.e., tobacco, drugs or alcohol). Working collaboratively with Department of Behavioral Health and community-based organizations, these clients have been referred to programs/services that include tobacco cessation, intensive substance abuse treatment programs, Substance Abuse Specialist services, and self-help programs to stop or at a minimum decrease the usage of tobacco, drugs and alcohol. The public awareness campaign to increase the number of women aware of this project will be initiated later in 2006-07.

1B: The percentage of children immunized by 24 months of age continues to increase in 2006-07, almost meeting the measurement for this objective. The department continues to provide multiple immunization clinics throughout the county and works closely with medical providers to ensure the number of children fully immunized continues to improve. Reaching the 2007-08 target of 85% should be possible as more providers are introduced to the program. The department target for immunizations will improve to the National goal of 90% if increased funding is approved. In order to accomplish this objective, the Immunizations Program will require additional staff of 1.5 FTEs to visit more provider offices and manage the current providers more effectively.

1C: This is a new objective for 2007-08. The Board of Supervisors appropriated roughly \$480,000 to begin developing the needed infrastructure to guide and encourage community-wide efforts toward a healthier county. Recognized as visionary by many state and local leaders, the Healthy Communities effort brings together many community partners to begin working on many facets of creating a healthier community through promoting increased physical activity, improving school nutrition, including health in general planning processes, and driving best practices in community health improvement. This was selected as an objective because the growing rate of obesity and chronic illness can be combated through such community efforts. Of the 24 cities/towns in San Bernardino County, only the cities of Fontana and Chino are actively engaged in this process with Ontario not far behind. Increasing the number of civic partnerships is vital to engage the wider community in this effort. Current staffing can accomplish this objective for 2007-08.



1D: This is a new objective for 2007-08. This was selected as an objective because increased funding into the Healthy Communities effort can provide for more resources to impact local communities and engage more stakeholders. The Healthy Communities staff applied for two grants in 2006-07. The current staff can accomplish this objective for 2007-08.

1E: This is a new objective for 2007-08. This was selected as an objective because the system has been piloted successfully in certain parts of the county and is ready for county-wide implementation. This system will allow for timely monitoring of disease and syndrome patterns throughout the county, thus allowing for earlier notification of a significant public health emergency. Approximately 10% of the EMS runs in the county are currently being captured by this data system and by the end of 2006-07, up to 30% should be captured as the system expands and more providers utilize it. The costs for this objective are covered in the Homeland Security grant; current staff can accomplish this objective for 2007-08.

GOAL 2: PROMOTE AND ENSURE A HEALTHFUL ENVIRONMENT.

Objective A: Enhance the level of sanitation in food facilities by increasing the number of trained and certified restaurant food handlers.

Objective B: To improve animal welfare and outcomes by protecting county residents, animals and property from the spread of rabies and other animal diseases, improve animal shelter facility to provide enhanced customer service and to assure services offered by the Animal Care and Control Program (ACC) are provided efficiently.

Objective C: Increase the level of preparedness of public and private partners by assisting them to develop emergency preparedness plans; emergency coordination councils; locate community points of dispensing sites (PODs); and prepare and educate volunteer staffing.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
2A. Percentage increase of restaurant food handlers receiving training and certification (28,000 handlers in 2005-06).	N/A	3%	10%	6%
2B. Percentage decrease of animal impounds (strays) excluding the Rancho Shelter and other admissions (14,800 impounds in 2005-06).	N/A	2%	19%	2%
2C. Increase the number of MOUs/Agreements with partners for Public Health Emergency Preparedness by 17.	0	1	3	20

Status

2A: Enhancing the level of sanitation in food facilities is vital in promoting and ensuring a healthful environment. Through routine and complaint investigations, it has been determined that proper food handling by workers in food establishments plays a significant role in reducing the number of cases of food-borne illnesses and other risks to the public. In 2006-07 the department projected about 29,000 food handlers would be trained and certified in safe food handling practices. The expected number of food workers certified during 2006-07 is about 31,000, surpassing the target.

To further increase the number of food workers trained the department is implementing a new training and outreach program scheduled to begin January 3, 2007. This program will make the training more accessible to food workers by providing an online course, increased number of testing sites, routine testing in remote locations of the county, and onsite testing for large facilities. All coursework and testing shall be provide in both English and Spanish.

2B: To improve the welfare of animals in San Bernardino County, the Animal Care and Control (ACC) Program promoted the spay/neuter voucher program. ACC issued 5,310 vouchers, which enabled 2,845 pets to be sterilized. Admissions to county shelters decreased by over 2% due in part to this effort. The inclusion of veterinary services and personnel in the department also allowed a greater number of animals to receive State required veterinary care.



2C: This year has also seen enhanced efforts toward public health preparedness. The Public Health Preparedness and Response Program has been working with multiple agencies throughout the county to develop plans to better protect the public should a public health disaster (e.g., pandemic or bioterrorism event) strike. Through seven exercises, multiple trainings, and many planning meetings; county residents can feel safer should such an emergency appear. Memoranda of Understanding between the department and strategic public health partners are important components in a cohesive proactive response to any public health or other disaster. The 2007-08 objective can be met with current staff. The entire department will continue to keep this priority in focus to better protect the county.

GOAL 3:	SUPPORT THE PUBLIC HEALTH WORKFORCE THROUGH THE EFFECTIVE USE OF TECHNOLOGY
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Objective A: Replace computers that do not meet minimum hardware specifications established by Public Health Information Technology.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
3A. Percent of Public Health computers that meet 2007-08 minimum hardware specifications (221 of 1,004 currently meet specifications).	NEW	NEW	80%	100%
3A. Percent of Public Health computers refreshed (replaced) to meet 2008-09 minimum hardware specifications (354 computers to replace).	NEW	NEW	0%	25%

Goal 3: This is a new goal for 2007-08.

The Information Technology program consists of two teams:

Program Support staff serve as liaisons between business lines and information technology. They provide application and database support as well as functional and technical analysis and project management for new and existing systems throughout the department.

Technology Operations staff support and maintain all departmental server and network infrastructure; coordinate the procurement, inventory, testing, and deployment of technology equipment; and provide daily end-user technical support to over 1,000 Public Health employees.

In 2007-08, the department will increase the focus on improving customer service through enhanced technological capabilities. Desiring to lead in this area, the department plans to replace outdated equipment via a three to four year refresh plan, which will ensure employees are properly equipped to provide timely service to customers. Inventory and technology management systems will keep programs well-informed of the status of their equipment, systems, and services; allow managers to better prepare in budgeting for costs associated with technology; and help Technology Operations to better monitor the "health" of the Department's infrastructure and immediately respond to any issues.

GOAL 4:	IMPROVE MEDICAL OVERSIGHT AND GUIDANCE IN THE Inland Counties Emergency Agency (ICEMA) REGION.
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Objective A: Improve ICEMA's administrative capabilities by adding a Program Coordinator (Assistant Administrator).

Objective B: Provide adequate ICEMA medical system input, monitoring and evaluation.

Objective C: Ensure adequate ICEMA data management and region reports to improve decision making capacity.

Goal 4: This is a new goal for 2007-08.

The department will fund this goal with Fines and Forfeitures from Senate Bill 1773 increasing fines for moving violations. This legislation sunsets in January 2009. The department anticipates reauthorization of this legislation on an ongoing basis. Should legislation not be reauthorized, the department will reassign staff to other programs within the department.



In 2007-08, the department will increase medical oversight and guidance in the ICEMA region by focusing on increased reporting and review requirements. These requirement enhancements will include:

- Develop Quality Improvement reports for Medical Director
- Increased reporting requirements for field providers
- Review medical care protocols on an annual basis
- Improved medical monitoring of air ambulance runs
- Conduct on-site hospital audits
- Improved medical evaluations of the current EMS system
- Increased annual reviews of base hospitals and trauma hospitals

Through the implementation of these enhancements the department will be better positioned to provide oversight for the ICEMA region.

VIII. 2006-07 APPROVED ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

Policy Item 1: Provide infrastructure to support collaborative efforts to create healthier communities.

Policy Item 2: The department received \$177,000 in ongoing funding to enhance veterinary services provided to animals by adding a veterinarian and veterinary technician position to the Animal Care and Control Program.

MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
P1A. Held community-wide events in collaboration with partners such as First Five and Kids Fitness Challenge.	N/A	N/A	4	5
P1B. Identify and track stakeholders and partners collaborating in Healthy Communities.	N/A	N/A	300	350
P1C. Provide a resource for organizations to access best practices for involvement in Healthy Communities program.	N/A	N/A	100	130
P1D. Award sponsorships to cities to become Healthy Cities.	N/A	N/A	5	5
P2A. Increase number of animals receiving veterinary care from 300 in fiscal year 2005-06 to 1,200 animals receiving veterinary care in 2006-07.	300	1,200	1,200	1,200

Status

Policy Item 1 (includes measurements P1A-P1F): For 2006-07, the Board of Supervisors appropriated roughly \$480,000 to begin developing the needed infrastructure to guide and encourage community-wide efforts toward a healthier county. Recognized as visionary by many state and local leaders, this process brings together many community partners to begin working on many facets of creating a healthier community through promoting increased physical activity, improving school nutrition, including health in general planning processes, and driving best practices in community health improvement. Several accomplishments have accompanied this effort with current staff:

P1A: The Kids Fitness Challenge is an innovative partnership to encourage children to increase their physical activity. Partnering with several other agencies such as First 5, and County Parks and Recreation, Healthy Communities will have held several community events to improve children's physical activity and enhance community-wide understanding of the importance of healthy lifestyles.

P1B: A database has been established that brings together community partners and agencies that promote, practice, or drive activities toward creation of healthier communities. This allows any organization interested in such efforts to know without significant research about other stakeholders in their community that have similar goals. This can make establishing partnerships and collaboration more efficient, thus saving community-based organizations resources.

P1C: Another innovative aspect of Healthy Communities is the research and dissemination of best practices and external resource information to local agencies involved or wanting to be involved in creating healthier communities. Traditionally, much time is spent by organizations researching the best way to implement a prevention program. With the Healthy Communities team proactively researching these best practices, community-based organizations can utilize their resources more efficiently and effectively to provide service.



P1D: Of the 24 cities/towns in San Bernardino County, only the cities of Fontana and Chino are actively engaged in this process with Ontario not far behind. Increasing the number of civic partnerships is vital to engage the wider community in this effort.

P2A. The inclusion of veterinary services and veterinary care professionals has allowed the Animal Care and Control Program the ability to provide State required veterinary medical care to animals in need. In 2006-07 a full-time registered veterinary technician will be added to further ensure this objective is met and to achieve the target of 1,200 animals receiving care. The services of a full-time veterinarian will continue to be contracted out pending the approval of a Capital Improvement request to construct a veterinary clinic and veterinary care facilities outlined in the 2007-08 ACC – CIP request.

IX. 2007-08 REQUESTS FOR ADDITIONAL GENERAL FUND FINANCING (POLICY ITEMS)

In addition to the policy items below, the department is anticipating a cost increase of \$1,400,000 in the California Children Services (CCS) program. This cost increase will be funded by Social Services Realignment (50%) and Local Cost (50%). Rising therapy costs for children with disabilities and a shift in caseload from Medi-Cal eligible clients to straight CCS clients have caused the County's share of costs for this mandated program to increase.

2007-08 OBJECTIVES FOR POLICY ITEMS	2007-08 POLICY ITEMS
1. Implement a comprehensive three-phase construction plan to expand and enhance the Devore Animal Shelter facilities. Phase #1 incorporates the remodeling and updating of the existing buildings, kennels, and grounds (\$1,000,000). Phase #2 incorporates the construction of a new animal adoption and veterinary care center (\$3,050,000) to meet California's "legislative intent" regarding no adoptable animal will be euthanized by 2010. Phase #3 would provide an additional building to move the administrative section of ACC to the location of the Devore Animal Shelter to enhance efficiencies and services (\$800,000).	A. One time Capital Improvement Project Additional Funding Requested: \$5,298,956 (one-time)
2. Restore 11 Animal Care and Control positions impacted by increased MOU costs and reassignment of staff previously supporting the City of Rancho Cucamonga. The Department is requesting this funding to maintain existing staff to sustain services provided to both people and their pets.	A. 1.0 FTE Supervising Animal Control Officer I B. 1.0 FTE Office Assistant II C. 2.0 FTE Office Assistant III D. 1.0 FTE Office Assistant IV E. 2.0 FTE General Service Worker II F. 2.0 FTE Animal Control Officer I G. 2.0 FTE Animal License Checkers Additional Funding Requested: \$559,402 (ongoing)
3. Increase efficiency and greater achievement of performance measures by restructuring the management positions of the Animal Care and Control Program.	A. 3.0 FTE Program Coordinator Additional Funding Requested: \$277,800 (ongoing)
4. Restore three positions to perform essential disease control activities to sustain services at an appropriate level required by this County's growing population and the Health and Safety Code.	A. 2.0 FTE Health Services Assistant I B. 1.0 FTE Communicable Disease Investigator Additional Funding Requested: \$208,000 (ongoing) Amount includes services and supplies costs of \$25,000.



2007-08 OBJECTIVES FOR POLICY ITEMS	2007-08 POLICY ITEMS
5. Move toward the national goal having all children 24 months of age up-to-date on the minimum immunization requirements.	A. 1.0 FTE Health Services Assistant I B. 0.5 FTE Health Education Specialist I Additional Funding Requested: \$93,396 (ongoing)
6. Improve the timeliness of infectious disease investigations thus preventing outbreaks.	A. 1.0 Registered Nurse II Additional Funding Requested: \$98,000 (ongoing)
7. To reduce the African American infant mortality rate by impacting the number of infants born premature and/or with low birth weight by increasing utilization of prenatal care services.	A. 5.0 FTE Health Services Assistant I B. 1.0 FTE, Supv. Health Services Assistant. Additional Funding Requested: \$210,000 (ongoing). Through the Black Infant Health Project, funds may be matched to draw Title XIX federal funds. The funding request of \$210,000 represents the portion of expenditures not covered by Federal funds.
8. To reduce the African American infant mortality rate by impacting the number of infants born premature and/or with low birth weight by reducing perinatal substance abuse and/or exposure to tobacco smoke.	A. See #11 A. Staffing requested through Policy Item #11 will be utilized for this Policy Item.
9. Create a web environment to enable the department to more effectively and efficiently share information with its employees and customers. This is a Process Improvement Project.	A. Systems Development Additional Funding Requested: \$155,000 (one-time)
10. Improve automated systems maintenance operations.	A. 1.0 FTE Automated Systems Analyst I Additional Funding Requested: \$91,300 (ongoing)
11. Provide a higher level of Information Technology project management, requirements gathering, and business systems analysis.	A. 1.0 FTE Business Systems Analyst II Additional Funding Requested: \$115,460 (ongoing)
12. To increase the number of persons living with HIV/AIDS who remain in a system of care by enhancing outreach and supportive services to those at highest risk for non-compliance with medical treatment.	A. 2.0 FTE Health Services Assistant I Additional Funding Requested: \$108,000 (ongoing)



MEASUREMENT	2005-06 (Actual)	2006-07 (Projected)	2006-07 (Estimated)	2007-08 (Projected)
P1. Number of ACC field calls responded to from constituents on a timely basis.	45,974	45,000	33,750	46,000
P2. Increase efficiencies by reorganizing the structure of the Animal Control and Care program. Reduce staff turn over and non-productive time by 10%.	29 positions vacated	18 positions vacated	18 positions vacated	15 positions vacated
P3. Enhance facilities and meet the California's legislative intent regarding euthanasia of adoptable animals. Increase animal adoption by 10%.	2,520 pets adopted	2,400 pets adopted	2,400 pets adopted	2,640 pets adopted
P4. Decrease the case to nurse (RN) ratio thus increasing the number of fully completed TB contact investigations.	NEW	NEW	Case:RN>100	Case:RN=85
P5. Percentage of children immunized by 24 months of age to reach national objective of 90%.	79.5%	83%	83.4%	90%
P6. Decrease the number of days between epidemiological case investigation opening and case closing.	45 days	45 days	45 days	30 days
P7. Expand Black Infant Health (BIH) care coordination services to additional high-risk regions of the County by increasing the number of pregnant African American women served. Increase the number of prenatal care visits for women participating on the BIH Project.	567 2,379	612 2,567	612 2,567	673 3,951
P8. Increase by 25%, the number of pregnant and/or post partum women who complete the initial contact with smoking cessation and/or substance abuse treatment services.	24	24	24	30
P9. Improve program managers' satisfaction rating of web services by 25% over baseline to be established during 2006-07.	NEW	NEW	To be established	25% increase
P10. Improve the ongoing completion rate for deployment of critical patches and updates to departmental computers from 55% to 90%.	NEW	NEW	55%	90%
P11. Analyze 80% of departmental information systems during the first year to identify and recommend consolidation and/or enhancement through web-based technologies and improved access to data by management.	NEW	NEW	0%	80%
P12. Decrease by 10% the number of persons with HIV/AIDS who fall out of care or discontinue treatment.	152	150	135	121

X. 2007-08 PROPOSED FEE ADJUSTMENTS

DESCRIPTION OF FEE REQUEST	SERVICE IMPACTS
1. Increase the fee for unaltered dogs from \$60.00 to \$96.00 annually for a total revenue increase of \$119,412.	If fee increases are not adopted, current rates will be used and revenues will be insufficient to cover increased costs of providing services. One Animal Control Officer and one Office Assistant II will be deleted. The service impact will be a reduction in telephone coverage to address customer concerns in a timely manner and reduce the calls being responded to by 2,120 calls per year.
2. Increase the fee for Annual EMS Unit Inspection from \$200 to \$300 for a total revenue increase of \$29,000.	Funding will be used to cover increased MOU costs and motor pool charges. If not approved, the program might need to reduce services and supplies expenditures and potentially unable to perform needed inspections on a timely basis.

If there are questions about this business plan, please contact Beatriz Valdez, Chief of Administrative Services, at (909) 387-6222.

